

KABIVEN® RATE CHART

Rate (mL/hr)	24 Hour (mL)	Protein (g)	Dextrose (g)	Lipid (g)	Total (kcal)	Na Acetate (mEq)	Total Na (mEq)	KCl (mEq)	Na Phos (mmol)	Total Phos (mmol)	Mag Sulfate (mEq)	CaCl (mEq)	Acetate (mEq)	Chloride (mEq)
30	720	24	71	28	612	12.6	22.3	16.8	4.9	7	5.6	2.8	27.4	32.4
35	840	28	82	33	714	14.7	26	19.7	5.7	8.1	6.6	3.3	32	37.8
40	960	32	94	37	816	16.8	30	22	6.5	9.3	7.5	3.7	36	43
45	1080	36	106	42	918	18.9	33.5	24.8	7.3	10.5	8.4	4.2	41	48.6
50	1200	40	118	47	1020	21	37.4	27.6	8.2	11.6	9.4	4.7	45.6	54
55	1320	44	129	51	1122	23.1	41	30.4	9	12.8	10.3	5.1	50.2	59.4
60	1440	48	141	56	1224	25.2	45	33	9.8	14	11.2	5.5	54.7	64.8
65	1560	52	153	61	1326	27.3	48.4	36	10.6	15.1	12.1	5.9	59.3	70
70	1680	56	165	66	1428	29.4	52.4	38.6	11.4	16.2	13.1	6.4	63.8	75.3
75	1800	60	176	70	1530	31.5	55.8	41.4	12.2	17.5	14	7	68.4	81
80	1920	64	188	75	1632	33.6	59.9	44.2	13	18.6	15	7.3	73	86.4
85	2040	68	200	80	1734	35.7	63.2	47	13.8	19.8	15.9	7.8	77.5	91.8
90	2160	71	212	84	1836	37.8	67	50	14.7	21	16.8	8.2	82.1	97.2
95	2280	75	223	89	1938	39.9	70.7	52.4	15.5	22.1	17.8	8.7	86.6	102.6
100	2400	79	235	94	2040	42	74.9	55.2	16.3	23.3	18.7	9.1	91.2	108
110	2640	87	259	103	2244	46.2	81.8	60.7	18	25.6	20.6	10	100	118.8
115	2760	91	270	108	2346	48.3	85.6	63.5	18.8	26.8	21.5	10.5	105	124.2
120	2880	95	282	112	2448	50.4	89.3	66.2	19.6	27.9	22.5	10.9	109	130
125	3000	99	294	117	2550	52.5	93	69	20.4	29.1	23.4	11.4	114	135
Rate mL/hr	Kabiven Bags													
42	1026	34	100	40	870	18	32	24	7	10	8	4	39	46
64	1540	51	150	60	1310	27	48	35	10	15	12	6	59	69
85	2053	68	200	80	1745	36	64	47	14	20	16	8	78	92
106	2566	85	250	100	2180	45	80	59	17	25	20	10	98	115

NOTE: The maximum infusion rate for Kabiven is 2.6 ml/kg/hour. Recommended infusion period is 12 to 24 hours. Refer to dosing instructions on the reverse or in the full Prescribing Information.

DISCLAIMER. By using this resource, you agree to the following: this Infusion Rate Calculator is being provided "AS IS" and is intended for use only by qualified healthcare providers. All calculations should be confirmed before use. Fresenius Kabi USA makes no claims as to the accuracy of the information contained herein. The information being provided is not a substitute for clinical judgment. Neither Fresenius Kabi USA, nor any other party involved in the preparation or publication of this chart, shall be liable to you or others for any decisions made or actions taken by you or others in reliance on this information.

DOSING INSTRUCTIONS:

1. Determine the fluid requirements (19 to 38 mL/kg/day) and the patient's nutritional requirements to be delivered, and then select the corresponding KABIVEN bag.
2. Determine the preferred duration of infusion (12 to 24 hours).
3. Ensure that the rate of infusion (KABIVEN dosage in mL/kg/day divided by the preferred duration of infusion (hours)) does not exceed the maximum infusion rate for the patient (i.e. 2.6 mL/kg/hour). The infusion rate may need to be reduced and duration of infusion increased in order not to exceed the maximum infusion rate.
4. Once the infusion rate in mL/kg/hour has been selected, calculate the infusion rate (mL/hour) using patient's weight.
5. Compare the patient's nutrient requirements with the amount supplied by KABIVEN. Discuss with a pharmacist any additions that may be required.

For more information:

1-888-386-1300

www.KabivenUSA.com

Med Info phone:

1-800-551-7176 (option 4)

Med Info email:

**[nutrition.medinfo.USA@
fresenius-kabi.com](mailto:nutrition.medinfo.USA@fresenius-kabi.com)**



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